

MAR 16 2005

**sanofi pasteur**

The vaccines business of sanofi-aventis Group

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To:  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450  
Facsimile: (703) 872-9306

From:  
Robert Yoshida  
Sanofi Pasteur Inc.

This facsimile is 8 pages, including this cover page

March 16, 2005

Re:   **Appl. No.:**   10/030,313  
      **Applicant:**   Sheena M. Loosmore et al.  
      **Filed:**       May 7, 2002  
      **Title:**       Multi-Component Vaccine to Protect Against Disease Caused by Haemophilus  
                      Influenzae and Moraxella Catarrhalis  
      **TC/A.U.:**    1645  
      **Examiner:**   Graser, Jennifer E  
      **Docket No.:** 1038-1212 MIS

This facsimile consists of:

Transmittal Form (1 page)  
Cover Letter (1 page)  
Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address Form  
(1 page)  
Power of Attorney and Correspondence Address Indication Form (2 pages)  
Statement under 37 CFR 3.73(b) Form (1 page)  
Certificate of Transmission under 37 CFR 1.8 (1 page)

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PTO/SB/21 (09-04)

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/030,313	
	Filing Date	May 7, 2002	
	First Named Inventor	Sheena M. Loosmore	
	Art Unit	1645	
	Examiner Name	Graser, Jennifer E	
Total Number of Pages in This Submission	7	Attorney Docket Number	1038-1212 MIS

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input checked="" type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Statement under 37 CFR 3.73(b); Cover Letter; and Certificate of Transmission
Remarks The total number of pages in this submission includes this Transmittal Form		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Sanofi Pasteur, Inc.	
Signature	<i>Robert Yoshida</i>	
Printed name	Robert Yoshida	
Date	MARCH 16, 2005	Reg. No. 54,941

CERTIFICATE OF TRANSMISSION/MAILING		
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Appl. No.: 10/030,313  
Applicant: Sheena M. Loosmore et al.  
Filed: May 7, 2002  
Title: Multi-Component Vaccine to Protect Against Disease Caused by Haemophilus  
Influenzae and Moraxella Catarrhalis  
TC/A.U.: 1645  
Examiner: Graser, Jennifer E  
Docket No.: 1038-1212 MIS

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

FACSIMILE: (703) 872-9306

**REVOCATION OF POWER OF ATTORNEY  
WITH NEW POWER OF ATTORNEY**

Sir:

Attached herewith are: 1) Transmittal Form, 2) Revocation of Power of Attorney With New Power of Attorney and Change of Correspondence Address Form, 3) Power of Attorney and Correspondence Address Indication Form, 4) Statement Under 37 CFR 3.73(b) Form, and 5) Certificate of Transmission under 37 CFR 1.8.

Though the Applicant does not believe that any fees are due for submission of these forms, please charge any fees that may be required to Deposit Account No. 50-0244.

Applicant respectfully requests consideration and entry of these papers. Should the Examiner have any questions concerning this submission, she is invited to contact the undersigned at (570) 839-5537.

Respectfully submitted,

Date: March 16, 2005

By: Robert Yoshida

Robert Yoshida  
Reg. No. 54,941  
Sanofi Pasteur, Inc.  
Intellectual Property - Knerr Building  
One Discovery Drive  
Swiftwater, PA 18370  
Telephone: (570) 839-5537  
Facsimile: (570) 895-2702

2005

PTO/SB/82 (09-04)

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**REVOCATION OF POWER OF  
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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/030,313
Filing Date	05/07/2002
First Named Inventor	Sheena M. Loosmore
Art Unit	1645
Examiner Name	Graser, Jennifer E
Attorney Docket Number	1038-1212 MIS

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number: ☒ Please change the correspondence address for the above-identified application to:☐ The address associated with  
Customer Number: 

OR

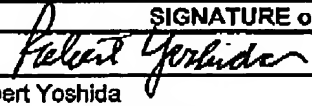
☒ Firm or  
Individual Name Robert Yoshida, Sanofi Pasteur, Inc.Address Intellectual Property-Knerr Building  
One Discovery Drive

City Swiftwater State PA Zip 18370

Country USA

Telephone 570-839-5537 Fax 570-895-2702

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**Signature 

Name Robert Yoshida

Date March 16, 2005

Telephone (570) 839-5537

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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PTO/SB/81 (11-04)

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and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/030,313
Filing Date	May 7, 2002
First Named Inventor	Sheena M. Loosmore
Title	See 1 in Addendum
Art Unit	1645
Examiner Name	Graser, Jennifer E
Attorney Docket Number	1038-1212 MIS

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Robert Yoshida	54,941
Patrick Halloran	41,053
Thomas Bordner	47,436
John Parrish	35,315

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☒ Firm or Individual Name Robert Yoshida, Sanofi Pasteur, Inc.Address Intellectual Property-Knerr Building  
One Discovery Drive

City Swiftwater State PA Zip 18370

Country

Telephone 570-839-5537 Fax 570-895-2702

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Robert Yoshida</i>	Date	March 16, 2005
Name	Robert Yoshida	Telephone	(570) 839-5537
Title and Company	Patent Agent, Sanofi Pasteur, Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 1 forms are submitted.

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## **Addendum**

1. **Multi-Component Vaccine to Protect Against Disease Caused by Haemophilus Influenzae and Moraxella Catarrhalis**

PTO/SB/96 (09-04)

Approved for use through 07/31/2005. OMB 0651-0031  
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**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: Aventis Pasteur LimitedApplication No./Patent No.: 10/030,313 Filed/Issue Date: May 7, 2002Entitled: Multi-Component Vaccine to Protect Against Disease Caused by Haemophilus Influenzae and Moraxella CatarrhalisAventis Pasteur Limited, a Corporation  
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.  
The extent (by percentage) of its ownership interest is \_\_\_\_\_ %

in the patent application/patent identified above by virtue of either:

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OR

B ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
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☐ Additional documents in the chain of title are listed on a supplemental sheet.☐ Copies of assignments or other documents in the chain of title are attached.

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The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Robert Yoshida  
Signature  
Robert Yoshida  
Printed or Typed Name  
Patent Agent  
Title

March 16, 2005  
Date  
(570) 839-5537  
Telephone Number

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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

U.S. Appl. No. 10/030,313  
Filed May 7, 2002  
Attorney Docket No. 1038-1212 MIS

2005

PTO/SB/87 (08-04)

Approved for use through 07/31/2008. OMB 0651-0031

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Robert Yoshida

Typed or printed name of person signing Certificate

54,941

Registration Number, if applicable

(570) 839-5537

Telephone Number

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The following papers listed below are submitted:

Transmittal Form (1 page)

Cover Letter (1 page)

Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence

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